STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. BUILDING _____ B. WING _____	03/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING BREEZE RETIREMENT COMMUNITY AND HEALTHC	950 N LAKEVIEW DR GREENSBURG, IN47240

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F0000	This visit was for a Recertification and State Licensure survey. Survey dates: March 14, 15, 16, and 17, 2011 Facility number: 011039 Provider number: 155675 AIM number: 200299100 Survey team: Diana Sidell RN, TC Penny Marlatt RN Sharon Lasher RN (March 14, 15, and 16, 2011) Census bed type: SNF/NF: 19 SNF: 26 Residential: 23 Total: 68 Census payor type: Medicare: 15 Medicaid: 15 Other: 38 Total: 68 Sample: 12 Residential sample: 7 These deficiencies also reflect state findings in accordance with 410 IAC 16.2.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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Quality review completed 3-22-11
Cathy Emswiller RN

This visit was for a Recertification and State Licensure survey.

Survey dates: March 14, 15, 16, and 17, 2011

Facility number: 011039
Provider number: 155675
AIM number: 200299100

Survey team:
Diana Sidell RN, TC
Penny Marlatt RN
Sharon Lasher RN (March 14, 15, and 16, 2011)

Census bed type:
SNF/NF: 19
SNF: 26
Residential: 23
Total: 68

Census payor type:
Medicare: 15
Medicaid: 15
Other: 38

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	Total: 68 Sample: 12 Residential sample: 7 These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality review completed 3-22-11 Cathy Emswiller RN This visit was for a Recertification and State Licensure survey. Survey dates: March 14, 15, 16, and 17, 2011 Facility number: 011039 Provider number: 155675 AIM number: 200299100 Survey team: Diana Sidell RN, TC Penny Marlatt RN Sharon Lasher RN (March 14, 15, and 16, 2011) Census bed type: SNF/NF: 19 SNF: 26			

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	This visit was for a Recertification and State Licensure survey. Survey dates: March 14, 15, 16, and 17, 2011 Facility number: 011039 Provider number: 155675 AIM number: 200299100 Survey team: Diana Sidell RN, TC			

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	Penny Marlatt RN Sharon Lasher RN (March 14, 15, and 16, 2011) Census bed type: SNF/NF: 19 SNF: 26 Residential: 23 Total: 68 Census payor type: Medicare: 15 Medicaid: 15 Other: 38 Total: 68 Sample: 12 Residential sample: 7 These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality review completed 3-22-11 Cathy Emswiller RN			

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F0441 SS=E	Based on observation, interview, and record review, the facility failed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection in that a blood glucose meter was not disinfected for 2 of 2 observations and 1 of 2 glucose meters. This deficient practice had the potential to affect 13 residents. (Resident #45) Findings include: On 3/15/11 at 4:40 p.m., LPN #1 was observed using a blood glucose meter on resident #45. After the blood glucose meter was used, LPN #1 used an alcohol wipe to clean the meter. During an interview at that time, LPN #1 indicated at she "uses alcohol wipes to clean the glucometer." On 3/15/11 at 5:10 p.m., LPN #1 was observed using a blood glucose meter to recheck resident #45's blood sugar. After the blood glucose meter was used, LPN #1 used an alcohol wipe to clean the meter. Manufacturer's guidelines for cleaning and disinfecting the glucose meter was provided by the Administrator on 3/17/11 at 9:30 a.m. The guidelines indicated	F0441	This Plan of Correction constitues our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that the one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. It is the policy of this facility to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.How corrective action has been or will be accomplished for those residents found to have been affected by the deficient practice?The facility has reviewed the alleged deficient practice of Nurse #1 wiping the glucometer machine with an alcohol wipe. This facility follows CDC guidelines and manufacture's guidelines to ensure proper cleaning and disinfection of glucometers.The nurse caring for Resident #45 has been reeducated on the facility policy for cleaning glucometers.How the facility has identified or will identify other residents having the potential to be affected by the same deficient practice?All residents receiving blood glucose monitoring with a glucometer has a potential to be affected,	03/28/2011

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	"...To disinfect the meter, dilute 1 mL (milliliter) of household bleach (5%-6% sodium hypochlorite solution) in 9 mL of water. This is a 1:10 dilution. The final concentration is 0.5-0.6% sodium hypochlorite. Do not clean inside the battery compartment, code chip port, or test strip port...." A policy for "Glucose Meters and Infection Control", with a review date of 2/7/11, was provided by the Administrator on 3/17/11 at 9:30 a.m. The policy included, but was not limited to: "...Environmental surfaces and equipment such as glucose meters should be decontaminated regularly, and any time contamination with blood or body fluids occurs or is suspected. Glucose meters should be assigned to individual patients. If glucose meters are shared between patients, the devices should be cleaned and disinfected between each patient use...." On 3/17/11 at 4:58 p.m., the Administrator provided a list of 13 resident's names who receive routine blood glucose checks. During an interview on 3/17/11 at 5:05 p.m., the Administrator and Director of Nurses indicated the nurses were to clean		however none of the 13 were affected by the alleged deficient practice.What measures have been or will be put into place or systemic changes made to ensure that the deficient practice will not recur facility wide?The Director of Nursing reeducated licensed nursing staff on the facility guideline for cleaning or glucometer machines. (See attached inservice materials used- Exhibit A).How your facility will monitor it corrective actions to ensure that the deficient practice is being corrected and will not recur?Effective 3/28/11 a quality assurance program was implemented under the supervision of the Director of Nursing to monitor compliance with cleaning of glucometers. The Director of Nursing or designee will preform the following systemic changes: observe a sample of blood glucose testing x 4 weeks to ensure compliance with the facility guideline of cleaning and disinfecting of the glucometer machine. Any deficiencies will be corrected on the spot, and the findings of the QA checks will be documented and submitted to the Quality Assurance committe quarterly for further review or corrective action. (See attached audit tool- Exhibit B.)	

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	the glucometers with "Sani-Wipes", hospital grade, CDC approved wipes for cleaning the glucometers. 3.1-18(1)			
R0000	This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed 3-22-11 Cathy Emswiller RN	R0000		

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	This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed 3-22-11 Cathy Emswiller RN			

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R0000	This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed 3-22-11 Cathy Emswiller RN	R0000		

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R0117	Based on record review and interview the facility failed to ensure staff had first aid training for 5 of 7 employee files reviewed. This deficient practice had the potential to affect 23 residential residents. (QMA #1, LPN #9, LPN #14, CNA #24, and CNA #41) Findings included: The employee record review was completed on 3/17/11 at 11:40 a.m. The employee record review indicated none of the staff were certified in first aid. Five staff; two LPN's, two CNAs and one QMA were identified by the administrator as being assigned routinely to the residential hall. QMA #1 had a start date of 2-1-06, LPN #9 had a start date of 5-6-99, LPN #14 had a start date of 11-17-10, CNA # 24 had a start date of 5-13-08, and CNA #41 had a start date of 7-15-10. During an interview on 3/17/11 at 11:45 a.m. the Administrator indicated the facility always staffs a licensed nurse on the residential halls on days and nights, and the QMA works on the evening shift. She indicated there were no employees who had first aid training.	R0117	This Plan of Correction constitues our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that the one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. It is the policy of this facility to establish and maintain that staff have required first aid training for all those who have contact with residential residents. How corrective action has been or will be accomplished for those residents found to have been affected by the deficient practice?The facility has reviewed the alleged deficient practice of nursing staff, QMA#1, LPN#9, LPN#14, CNA#24, and CNA#41. This facility follows state guidelines that nursing staff members are required to be first aid certifed.The staff careing for residental residents has been reeducated that first aid certificates are needed.How the facility has identified or will identify other residents having the potential to be affected by the same deficient practice?All residents receiving care on the residential area have the potential to be affected, however none of the 23 were affected by the alleged deficient practice.What measures have been or will be put into place or	04/06/2011

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	During an interview on 3/17/11 at 4:57 p.m., the Administrator indicated first aid is part of their orientation but after orientation the staff aren't certified.		systemic changes made to ensure that the deficient practice will not recur facility wide?The Director of Nursing reeducated residental nursing staff on the facility guideline for first aid training requirements. A mandatory training will occur on April 6, 2011 for first aid certificates.How your facility will monitor it corrective actions to ensure that the deficient practice is being corrected and will not recur?Effective 3/28/11 all new hires doing residential care will be required to have a current first aid training certificate. Any staff memeber who is not first aid certified and is a residential care taker will be suspended after 4/6/11's mandatory inservice until their first aid certificate is gained.	